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CONFIRMATION NO. 5285

<b>SERIAL NUMBER</b> 10/518,630	<b>FILING OR 371(c) DATE</b> 12/20/2004 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3785	<b>ATTORNEY DOCKET NO.</b> 0584-1025
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## APPLICANTS

Gerard Valat, Aix-En-Provence, FRANCE;  
Cedric Ragot, Paris, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FR03/01836 06/17/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 02/07635 06/20/2002

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Isack Park</u> Examiner's Signature Initials				

## ADDRESS

466

## TITLE

Protective assembly for a limb

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following.	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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